

State of Idaho

Department of State

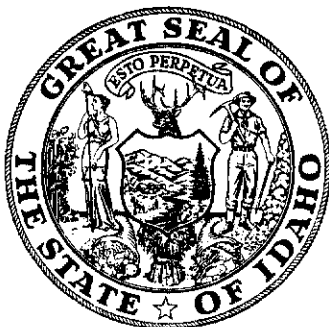
CERTIFICATE OF WITHDRAWAL
OF

HEALTH CARE CAPITAL, INC.
File Number C 94045

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of HEALTH CARE CAPITAL, INC. for a Certificate of Withdrawal from this State, duly executed pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Withdrawal and attach hereto a duplicate original of the Application for such Certificate.

Dated: August 4, 1995



Pete T. Cenarrusa
SECRETARY OF STATE

By *Angie J. Clark*

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

To the Secretary of State of Idaho

Pursuant to Section 30-1-119, Idaho Code, the undersigned Corporation hereby applies for a Certificate of withdrawal from the State of Idaho, and for that purpose submits the following statement:

- The name of the corporation is Health Care Capital, Inc.
The name which it used in Idaho is Health Care Capital, Inc.
- It is incorporated under the laws of Georgia
- It is not transacting business in the State of Idaho.
- It hereby surrenders its authority to transact business in said state.
- It revokes the authority of its registered agent in the State of Idaho to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in the State of Idaho during the time it was authorized to transact business therein may thereafter be made on it by registered or certified mail to the corporation at the address listed in item 6., below.
- The post office address to which process against the corporation may be mailed is Two Ravinia Drive, Suite 1350, Atlanta, GA 30346
- All sums due or accrued by this corporation to the State of Idaho have been paid.
- All known creditors or claimants have been paid or provided for, and the corporation is not involved in or threatened with litigation in any court in the State of Idaho.

By [Signature] Its President/Vice President (please specify)

And [Signature] Its Secretary/Assistant Secretary (please specify)

STATE OF Georgia)
) ss:
COUNTY OF Dekalb)

I, Phyllis E. Harvey, a notary public, do hereby certify that on this 1st day of August, 19 95, personally appeared before me Paul Green & Wayne Morehead, who being by me first duly sworn, declared that (s)he is the V.P. & Sec., respectively of Health Care Capital, Inc.

that (s)he signed the foregoing documents as Vice President and Secretary, respectively of the corporation and that the statements therein contained are true.

[Signature]
Notary Public, Cobb County, Georgia
My Commission Expires April 11, 1996
Notary Public

Submit application and filing fee to:
Office of the Secretary of State
Division of Corporations
Statehouse, Room 203
Boise, Idaho 83720

Secretary of State use only
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CORPORATION FORN WITHDRAWAL
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